# WISCONSIN MODEL
# CHILD PROTECTIVE SERVICES
# ONGOING SERVICES

# FORMS AND INSTRUCTIONS

**December 21, 2001**

# TABLE OF CONTENTS

## GENERAL INSTRUCTIONS

The Assessment of Family form is completed when sufficient information has been gathered as a result of family and collateral contacts through the family assessment and engagement process to make the required judgments. The outside timeframe for completing the documentation of the family assessment is dictated by state Standards.

The purposes of this form are:
- to organize and assess the significance of information for use in decision making
- to document the decisions, as required by the Standards and any agency policies
- to document the rational for those decisions that serve as the basis for developing the case plan.
- to identify outcomes, which, if achieved, will adequately reduce the risk of maltreatment and eliminate threats to safety

To the greatest extent possible, the assessment should reflect the judgments of the family and worker together.

Areas of Study

There are 17 areas of study, referred to as elements, organized into five general domains: *I. Children's Situation and General Functioning*, *II. Parenting Practices*, *III. Parent/Adult Caregiver Individual Functioning*, *IV. Family Functioning* and *V. Environmental Factors.* The elements are defined by criteria, which describe behaviors, conditions, perceptions and attitudes that are associated with or may impact the occurrence of child maltreatment. The association may be behaviors, beliefs, attitudes, perceptions or conditions which contribute to the risk of maltreatment or which mitigate or reduce the risk of maltreatment. A few of the elements, because of the breadth of behaviors, conditions, attitudes or beliefs covered, are further broken down to smaller areas of study.

The great majority of the elements reflect behaviors, perceptions, attitudes or conditions that are changeable and can be impacted through case plans. A few elements are immutable, representing past circumstances that cannot be changed. They are there to assist the worker and family in obtaining a total picture and may influence aspects of the case plan. They will not be represented through goals or outcomes in the case plan, however, since they are, by definition, unchangeable.
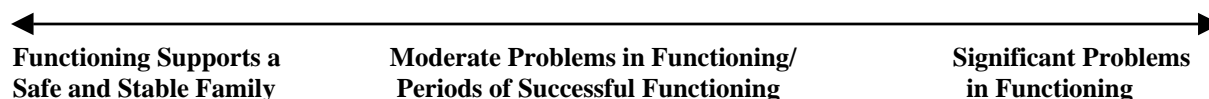
Information gathered and understood about a family may be relevant in more than one area of study. For example, an understanding of the dynamics of domestic violence is relevant in the following elements: *Family Relationships*; *Family Management and Organization*; *Parent/Caregiver Ability to Manage Stress, Solve Problems and Capacity to Establish and Sustain Interpersonal Relationships*; and *Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills That Impact Parenting and Safety of Child.* Behavior and conditions should be assessed for their meaning and impact in all relevant areas.

The Continuum of Behaviors/Conditions/Perceptions/Beliefs

The criteria for the elements are further defined by descriptors, organized along a continuum. The continuum is anchored in three places. At one end it is anchored by behaviors, conditions and perceptions/beliefs/attitudes that are prevalent in day-to-day functioning and support a safe and stable family, in other words, safety and permanence for the child. This end of the continuum is not intended

to represent ideal functioning or conditions, but rather that level that would indicate that CPS does not need to be involved. The other end of the continuum represents behaviors, conditions, perceptions and beliefs that are prevalent and are associated with high risk for maltreatment and/or impermanence. The middle anchor on the continuum generally reflects behavior or conditions between the ends of the continuum or behavior or conditions that are intermittent, apparent at some times but not others.

The general layout of the continuum is:

| Functioning Supports a Safe and Stable Family | Moderate Problems in Functioning/ Periods of Successful Functioning | Significant Problems in Functioning |

In four of the five domains, the continuum for each element has three anchors and is, for the majority of the changeable elements, laid out with the headings displayed immediately above. In the fifth domain, *Environmental Factors*, which addresses neighborhood and community factors, the continuum is anchored in just two places, at each end. This is partly because of the difficulty in describing a meaningful, measurable midpoint range in neighborhood and community factors and partly because no rating in this domain is required.

Judgments about functioning and conditions in all of the elements are made and documented on the Family Assessment form in two ways: 1) by assessing where an individual and family is on the continuum for that element, and 2) by describing the actual behaviors and conditions present in the family and family's environment that support the conclusions made regarding the continuum. The descriptors for the anchors for each element in the Reference Guide assist in assessing where functioning and conditions in a family fall on the continuum. When documenting regarding the elements on the form, describe all of the information, both positive and negative, which is relevant.

Safety
Safety must be assessed concurrently with the Family Assessment. Safety threats may be present at either the negative end or at the midpoint of the continuum. For example, a parent may frequently leave a young child unsupervised (negative end of continuum) or occasionally leave a young child unsupervised (midpoint of continuum), but the child is unsafe anytime he or she is without adequate supervision. However, not all descriptors at the midpoint of the continuum in all of the elements represent safety threats. Additionally, not all behaviors or conditions described at the positive anchor of the continuum of the elements assure a safe environment. They may be one necessary or desirable step toward creating a safe environment, but may not achieve safety on their own. Therefore, safety assessment is a discrete evaluation.

Safety threats that represent behaviors or conditions that are changeable should be addressed in the case plan, in addition to being immediately controlled through the safety plan. Therefore, although a formal safety plan is in place, those safety threats should be kept in mind when rating elements and selecting outcomes. The Reference Guide contains relevant safety threats for an element listed in a fourth column to the right of the continuum.

Selecting a Rating from the Continuum
The purpose of creating a rating is to make a representation of where a family or family member is, on a continuum, in behaviors, conditions, perceptions, etc. related to the occurrence of maltreatment and permanence. Specifically, is a family or family member functioning at the Safe and Stable level, indicating that no services in that area are needed (related to safety, risk or permanence) or below the Safe and Stable level, indicating that services in that area are needed or continue to be needed? At

Family Assessment, the rating provides the baseline, where the worker is starting with a family in each area. At Case Progress Evaluation, it provides the measurement for progress vis-à-vis that baseline. At Final Family Assessment the rating provides an assessment of the current functioning and conditions in a manner consistent with the previous assessments and evaluations. The rating represents the family's and worker's best judgment about behaviors and conditions in a family and serves as a guide for case planning and baseline for evaluation of case progress.

The majority of elements cover several related aspects of behaviors, perceptions or conditions. Most aspects are associated with safety concerns and concerns associated with the risk of maltreatment; others are associated with general well-being and permanence. A person may be functioning well in one aspect, at or above the level of the positive anchor, and be functioning below the positive level in another aspect. Yet only one rating on the continuum for that element is possible.

In situations of variations in functioning within an element, the worker should consider what is most salient about the person or family in making a judgment on that element, especially in areas related to the occurrence of maltreatment. For example, one element, *Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills That Impact Parenting and Safety of Child*, aspects of that element include mental health conditions, substance abuse, domestic violence, impulse control, mature judgment, delaying personal gratification, etc. An individual may not misuse alcohol or other substances, may not have any mental health problems and may have reasonable impulse control. However, if that individual is violent toward others, that expression of violence is so critical to the health, safety and well-being of the child that its existence will take precedence in rating the element.

Conversely, in the element *Discipline*, aspects of discipline covered include the use of non-physical discipline strategies, maintaining emotional self control while disciplining, using positive reinforcements, using a variety of strategies and those most appropriate to the situation, and establishing reasonable rules and limits. Failure to use a variety of strategies may not be very consequential as long as the parent is maintaining good emotional control, using non-physical strategies and establishing reasonable rules and limits. In this case, a parent may still be rated as functioning at the Safe and Stable level, regardless of some limitations in using varied strategies.

Since only one rating can be made for each element, if there is one critical aspect in behavior which falls below the "Functioning Supports Safe and Stable Family" level and which is not mitigated and controlled by other positive aspects, the element should be rated at the lower level. Just the fact that the majority of the parent's behavior relative to an element is positive is insufficient to determine that a negative behavior is mitigated. The positive behaviors must have a direct relationship with assuring that the negative behavior will not result in harm to the child.

Any time a person falls below the positive level of functioning in any aspect of the element *related to safety*, the element should be rated according to the person's level of functioning for that aspect, since the case plan will need to address change in that aspect in order for the child to be safe.

Some elements look at a family, rather than an individual. In rating these elements, it is important to look at the overall impact for the family as a unit or system. There may be variations in individual functioning among family members, but what is the overall functioning of the family as a system? For example, in the element *Family Relationships* it is possible that the mother and children have a close sense of belonging together, doing activities together, being attached, etc., but the father is disengaged. The disengagement of the father could have an impact on the entire family, jeopardizing the sense of cohesion and belonging, resulting in a rating as a "Moderate" or "Significant" problem.

Conversely, in the element *Family Supports*, which measures the family's connection to the community and a support network, it may be one parent who primarily establishes and maintains the family's connection with the community. The fact that one parent does it and the other does not may be inconsequential. It may be that the parent with the most skills in the area of reaching out is the one who fulfills that role for the family. As a system, different members of a family may fulfill different roles to assure the family's needs are met. Therefore, the rating should reflect whether the family, as a system, is meeting its needs in this area.

A rating should always be made, even if the worker is having difficulty getting information directly from a family member. In making this decision, a worker can take into account information from other family members, collateral contacts, his or her own observations, etc. In this case the rating should represent the worker's best judgment and may be less of a reflection of the family's judgment.

Narrative fields are provided in the Family Assessment and Case Progress Evaluation. Differences among family members and differences between the worker's and family's judgment may be discussed in these fields.

Who Should be Assessed and Rated

For elements that apply to individual children, a separate judgment needs to be made for each child. For elements that apply to parents, a separate judgment needs to be made for each person in the parenting role. Judgments are to be made for adults that are viewed by other family members as acting as parents, regardless of any legal or biological ties to the child. For elements that apply to families, judgments are made once, for the family as a unit.

Narrative Descriptions of Family Conditions, Behaviors, Perceptions, etc.

The narrative documentation field at the end of each domain is used for describing the behaviors, conditions, attitudes, beliefs, perceptions, dynamics, etc. specific to the family or family members that fall within the elements being assessed in that domain. Agencies may use this narrative field in two basically different ways: 1) it may be used to describe behaviors and conditions within each element, to be followed by a rating for that element, or 2) it may be used after a rating for an element has been made to support the worker's judgment regarding where the family or family member falls on the continuum for each element. This first way is consistent with using the family assessment format as a decision-making tool; the second way is consistent with using the format only as documentation for decisions that have already been made. Agencies may use the narrative fields either way.

Agencies may wish to add or emphasize relevant assessment information in the narrative fields, according to local policy. For example, agencies may wish to emphasize strengths and needs, what stage of the change process a parent is in relative to the criterion, or other information that helps the worker meet the assessment and engagement purposes. Regardless, the documentation should justify and support the rating. Narrative documentation should be specific to the family and should avoid quoting the descriptors in the Reference Guide.

The narrative documentation should be sufficiently thorough to provide an accurate assessment of the family and its members. Differences in how a parent functions within each element should be documented in the narrative fields. For example, if a parent is consistent about providing nutritious food and appropriate clothing and is attentive to medical needs, but housekeeping practices are unsanitary and unsafe, that should be noted in the relevant narrative field.

If an element asks for one rating for a family but there are significant differences in functioning among some family members, it may be relevant to address those differences in the narrative section.

Additionally, it may be relevant to address differences in judgments between the worker and family members in the narrative section.

Selecting Outcomes

For those elements that are changeable, the positive anchor of the continuum describes the conditions and behaviors that need to be in place in order for CPS to determine that family conditions have stabilized, safety is being maintained and risk has been sufficiently reduced for the case to be closed. [Note: other acceptable reasons for closing a case are found in the case closure chapter.] Therefore, if the family or family member falls below that level of functioning for any of those elements in the Family Assessment, an outcome should be selected for the Case Plan.

Each changeable element has a relevant outcome, which is a positive statement of its descriptive criterion. The worker/agency has the option to use the standardized outcome or a self-generated outcome. If a self-generated outcome is entered, this outcome must be linked to the element and its criterion. This allows progress toward the outcome to be measured in a consistent manner from family assessment through case evaluation and to case closure.


## SPECIFIC INSTRUCTIONS

### Section A: Functioning, Supports, Stressors, History

Section A of the Family Assessment lays out each element, organized by domain. A rating for a person, persons or the family, as appropriate, is made for each element, using the Reference Guide to assist in making the judgments. Each changeable element has the standardized outcome listed beneath it with an opportunity to select that outcome, enter a self-generated outcome or indicate that no outcome is needed.

At the end of each domain there is a narrative section, labeled "Description". This section is used to document the information specific to the family and family members that supports the judgments made in each element and provides an accurate assessment of the family or family members, as referenced above. Specific instructions for each element follow.

**Domain I: Children's Situation and General Functioning**

There are three elements in this domain.

**1.     Child's Level of Need and Demands on Parents Related to Age, Temperament and Development.**
This is not a child-specific assessment. Rather it is an assessment of family conditions, requiring just one overall rating.

The continuum ratings choices are:
- Low Demands on Family
- Moderate Demands on Family
- Significant Demands on Family

The level of need and demands should be assessed in terms of the parents' capacities, functioning and understanding of the children's needs in conjunction with the actual child care demands. Therefore, if

the worker does not view the child care demands as significant, but a parent perceives and responds to them as being significant, the criterion should be assessed as a significant demand.  Considering the skill level, knowledge level and capacities of that parent, the child care demands are significant and the impact on the children is therefore significant.  At the same time, if the parents see the child care responsibilities as not at all demanding, but the children have significant needs and the parents fail to see and respond to these needs, this criterion should be rated according to the actual needs and child care responsibilities.  In both situations, the parents' views vis a vis the actual demands are important to understand for case planning.

Any discrepancy between the worker's view and the parent's view should be addressed in the discussion section for the domain.  If one parent copes well with the childcare responsibilities but another parent experiences the children and their needs as very demanding, this element should be rated according to how the parent having difficulty sees the responsibilities.  Again, the differences should be addressed in the discussion section.

There is no outcome for this element.  However, understanding of child care demands should drive further exploration in other elements.  For example, if the child care requirements do not objectively appear to be demanding but the parent experiences them as such, is the parent lacking necessary parenting knowledge and skill or coping skills or a supportive network?  These issues should be explored in the relevant elements, and outcomes should be identified for those elements as appropriate.  Additionally, if a child's behavior is extremely demanding or stressful, and this behavior is changeable, further assessment should take place in the element *Impact of Maltreatment on the Health and Development of the Child.*

**2.     Child Self-Protective Capacities and Access to Support Systems.**
This is a child-specific element and should be assessed for each child.

The continuum ratings choices are:
- Low Vulnerability/High Capacity
- Moderate Vulnerability and Capacity
- High Vulnerability/Low Capacity

Children who are very young do not have self-protective capacities and cannot be expected to access support systems.  These children are automatically rated at High Vulnerability/Low Capacity.  Because of their age, these children cannot be expected to achieve Low Vulnerability/High Capacity, so no outcomes would be identified for these children.  Safety for these children must be assured solely through changing parental and family behaviors and conditions in other elements.  For older children, however, who are assessed as falling below the Low Vulnerability/High Capacity level, it may be very appropriate to help them develop self-protective capacities and learn how to access support systems, consistent with their age and development.  This does not suggest that children should be held responsible for their own safety, but rather that learning protective behaviors is part of normal development and can be incorporated as part of an overall case plan.

**3.     Impact of Maltreatment on the Health and Development of the Child**
This is a child-specific element and should be assessed for each child.

The continuum ratings choices are:
- Low/No Impact/Age Appropriate Functioning
- Moderate Impact/Problems in Functioning

- Significant Impact/Problems in Functioning

This area looks at both physical effects of maltreatment as well as emotional and behavioral effects. The descriptors reference both current functioning as well as past maltreatment. To the extent possible, one judgment should be made, pulling all of the known information together and determining what the most important or salient piece of information is. The intent of this area of study at family assessment is to look at effects of maltreatment, immediately and over time, as opposed to simply assessing the child's developmental stage and status, and to consider the impact these effects have on case planning. It is assumed that immediate medical needs have already been addressed, as a result of the initial assessment already conducted. Does the child have longer-term medical needs that should be addressed in the case plan? Does the child have treatment needs to ameliorate any other effects of maltreatment?

The descriptors in the Reference Guide that address maltreatment that has occurred attempt to interpret the potential impact of that maltreatment on the child. Therefore, severity of the maltreatment, pervasiveness of the maltreatment and duration of the maltreatment over time, as well as the level of intrusiveness/violation of the maltreatment were considered relevant. However, the impact on each child is likely to be different. These descriptors are meant to stimulate thinking, not to regulate judgments about the impact of maltreatment on a particular child. Workers should assess how the particular child has experienced the maltreating conditions and make a judgment that is true for that child, regardless of whether most children would experience the maltreatment in the same way.

Agencies may decide whether they wish to have judgments in this area made by the worker or to have professional medical/developmental/psychological evaluations conducted as a prerequisite.

If a child is experiencing physical, social, emotional or behavioral problems that can be addressed through treatment and that are important to the child's safety or well-being or important to family well-being, an outcome for this criterion should be identified, regardless of the origin or cause of the behaviors or conditions.


**Domain II: Parenting Practices**

There are six specific elements in this domain.

**1. Discipline**
A separate judgment is made for each person in the parent role.

The continuum ratings choices are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors include references to parents using discipline strategies and establishing rules and limits as well as their ability to maintain emotional control. This is a changeable behavior. If functioning falls below the Safe and Stable Family level for a parent, an outcome should be chosen for that parent.

## 2.  Basic Needs/Supervision
A separate judgment is made for each person in the parent role.

One judgement is made about the parent's ability and willingness to meet basic needs (2a) and another judgment is made about the parent's ability and willingness to assure needed supervision (2b).

The continuum ratings choices for both basic needs and supervision are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors for basic needs include nutrition, health care, clothing and safe home conditions. Descriptors relevant for supervision are focused just on supervision, either by the parent or a substitute caregiver as arranged for by the parent.

Both the provision of basic needs and of supervision are changeable behaviors.  If functioning falls below the Safe and Stable Family level for a parent in either area, an outcome should be chosen for that parent for that area.

## 3.  Perception and Expectation of Child's Behavior
A separate judgment is made for each person in the parent role.

The continuum ratings choices are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors look at the parent's expectations for the child's behavior, how the parent describes the child, how parenting interventions are adjusted to the child's needs, etc.

This is a changeable behavior.  If functioning falls below the Safe and Stable Family level for a parent, an outcome should be chosen for that parent.

## 4.  Nurturing and Child Development
A separate judgment is made for each person in the parent role.

The continuum ratings choices are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors in this area identify behaviors that are associated with a parent's attachment to his or her child and ability to recognize the child's needs.  Emphasis is placed on the child's social, emotional and cognitive needs, as basic physical needs are covered above in *Basic Needs/Supervision*.  Behaviors or conditions that impact both physical development and social/emotional/cognitive development may be addressed in both sections.  For example, failure to thrive on the part of a child can involve both the lack of adequate nutrition and the lack of emotional nurturance/attachment.

This is a changeable behavior. If functioning falls below the Safe and Stable Family level for a parent, an outcome should be chosen for that parent.

## 5. CPS History

This element is judged for the family as a unit.

The continuum ratings choices are:
- Low Risk
- Moderate Risk
- High Risk

The descriptors look at both patterns and severity in previous maltreatment, if applicable, as well as the family's experience with and response to the CPS system from any previous involvement with CPS. Assessment of this past history is important to understand how it might impact prognosis, strategies for engaging the family and case planning.

For example, a previous experience with a CPS agency that was experienced by the family as positive can be built upon in engaging the family. Conversely, a negative previous experience could present a barrier to engagement. Knowing that, and dealing with the concerns openly with a family, can help overcome natural resistance. Finally, a very negative CPS history might indicate the need for initiating concurrent planning.

This is not a changeable condition and therefore there are no outcomes for this element.

## III. Domain: Parent/Adult Caregiver Individual Functioning

There are six elements in this domain. A separate judgment is made for each person in the parent role for each element in this domain.

## 1. Parent/Caregiver Acceptance of Responsibility to Protect

The continuum ratings choices are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors in this area address the parent's acknowledgement of maltreatment, risk and safety threats, understanding of and commitment to his or her responsibility to protect the child from harm, and whether the parent feels remorse for the actions or conditions that resulted in harm to the child. Descriptors also address whether a parent understands what needs to change in order to protect the child and whether the family supports and maintains the safety plan, if one is in place.

This is a changeable behavior. If functioning falls below the Safe and Stable Family level for a parent, an outcome should be chosen for that parent.

**2. Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child(ren)**

One judgement is made about the parent's ability and willingness to manage his or her own mental health, use of substances, behaviors and emotions (2a) and another judgment is made about the parent's basic life skills and ability and willingness to manage the impact of any disabilities on the care the child receives (2b).

The continuum ratings choices for both are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors for (2a) address day-to-day mental health, use of alcohol and other substances, impulse control and ability to delay gratification, empathy and anger management. Descriptors for (2b) address physical and cognitive impairment, level of independence and self-esteem, and ability to manage the day-to-day requirements of life. Both of these criteria encompass a fairly broad range of behaviors and conditions. It is likely that a parent will demonstrate different levels of functioning within the element, depending upon which particular aspect is being assessed.

Both 2a and 2b describe changeable behaviors. If functioning falls below the Safe and Stable Family level for a parent in either area, an outcome should be chosen for that parent for that area.

**3. Parent/Caregiver Ability to Manage Stress, Solve Problems and Capacity to Establish and Sustain Interpersonal Relationships**

One judgement is made about the parent's ability to manage stress and solve problems (3a) and another judgment is made about the parent's ability to sustain adult relationships (3b).

The continuum ratings choices for both are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

There is some crossover in the descriptors for both (3a) and (3b). For example, descriptors include an assessment of the parent's use of support systems, which can assist in stress management and problem solving and is also an expression of the parent's ability to sustain adult relationships. Nevertheless, a parent may have good relationships with other adults but be unable to manage stress and solve problems effectively. Therefore, each element is rated separately.

Both 3a and 3b describe changeable behaviors. If functioning falls below the Safe and Stable Family level for a parent in either area, an outcome should be chosen for that parent for that area.

**4. Parent/Caregiver History of Maltreatment as Child**

The continuum ratings choices are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Descriptors for this element combine two concepts: whether the parent experienced a negative childhood and whether the parent has overcome the impact of any negative history.  Descriptors allow for an integration of both concepts, when appropriate, to arrive at one rating for this element.  The purpose of assessing childhood history and the impact of it on the parent's current behavior at this stage of the case process is to assist the family member and worker to understand how past circumstances might be influencing current behavior.  Such understanding can help motivate a person to make necessary changes.  It can also help the family member to see himself or herself in a different, more positive light (e.g. someone who didn't "deserve" to be maltreated as a child, someone who has overcome significant barriers in their life, etc.), which can also help to support change.

The past history is not a changeable condition but the parent's response and adaptation to their history is changeable.  Generally, any maladaptive response that has resulted in harm or risk to the children is addressed in other elements where parental behaviors, beliefs and perceptions are specifically described.  Therefore, there are no outcomes for this specific element.


## IV. Domain:  Family Functioning

Assess this area from a dynamic, interactive family systems perspective.  Although there is some overlap with behaviors in other domains, similar behaviors/functioning in these criteria should be looked at in terms of how the family as a unit or system functions and how this impacts the health, safety and welfare of the child(ren).  The family itself should be considered a resource for building solutions.

There are three elements in this domain.  One judgment is made for the family as a unit in each element of this domain.

The continuum ratings choices for all three elements are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

All three elements describe changeable behaviors.  If functioning falls below the Safe and Stable Family level for the family, an outcome should be chosen.

## 1.  Family Relationships

The descriptors in this element assess the stability of family relationships, the degree to which they are mutually supportive and whether the family demonstrates a sense of cohesion, a sense of family identity.  The relationship between the adult caregivers, as a couple, is assessed in this element, as is attachment among all family members.  Household composition and how changes in household composition are managed are also assessed.

## 2.  Family Management and Organization

Descriptors in this element assess how the family manages day-to-day household functions, financial resources and problems.  Role performance is assessed, as well as the ability to adjust roles to meet

family needs.  Family communication, problem-solving skills and the degree to which family members assist and support each other are also assessed.

## 3.  Family Supports

Descriptors in this element assess how well a family is integrated into its community, communicates with others in its community and has access to and uses a supportive network.


## V. Domain:  Environmental Factors

There are two elements in this domain.  For each of these elements, there are only two anchors on the continuum.  No rating is made for either of these elements.  The anchors are present in the Reference Guide to assist in consideration of how a neighborhood and community can support a family or be a source of significant stress for a family.  The only documentation in this domain is made in the narrative field.

## 1.  Safe Neighborhood Environment

This area of assessment allows for a look at the impact of the family's neighborhood on the family's functioning.  The family may have little or no control over the neighborhood conditions and little opportunity to move.  However, an unsafe or threatening neighborhood adds significantly to a family's stress, limits a family's options and can drain a family's energy to direct towards addressing other problems.

Descriptors address a variety of conditions in the neighborhood environment that can impact a child's safety and well-being inside and outside of the home.  These descriptors do not cover all neighborhood and environmental conditions that may be unsafe for children or stressful for the family.  As always, assessment in this element should identify those conditions that positively or negatively impact the family being assessed.  Assessment of this specific area is important at family assessment in order to help understand the family's situation and develop realistic case plans.  In addition, the worker may find areas where he or she can advocate for improving conditions for the family.

There are no outcomes for this element, and this element is not formally assessed beyond family assessment.

## 2.  Community Resources

This area of assessment, although still focused on conditions that can support safety of the child and lower risk of maltreatment, allows for a broader look at the interaction between conditions in the environment and an individual or family in terms of level of stress, level of hope/positive concept of life opportunities, level of support, ease of access to needed resources to manage and enrich life, etc.  The lack of resources can be a significant source of stress.  Conversely, significant resources may be found within the neighborhood that could become a source of ongoing support for the family.  This element looks just at the availability and accessibility of appropriate resources, not at the family's willingness or interest in using the resources, which is dealt with in the *Family Supports* element.  Community resources should be assessed in terms of their appropriateness and accessibility for this family.  Therefore, cultural relevance is important, as are hours and ease of access, affordability, timely response of emergency services, etc.

Assessment of this element is important at family assessment in order to help understand the family's situation and develop realistic case plans. It may also help the worker and family to find resources to support the family.

There are no outcomes for this element, and this element is not formally assessed beyond family assessment.


## Section B: Analysis

Section B, Analysis, provides an open narrative to discuss those issues and conditions critical to the family assessment and engagement process and required by the Standards. The instructions for this narrative section direct the worker to discuss strengths of the family, the family's understanding of their strengths and needs, the involvement of the family in case planning and resource building, the parent's attitudes/beliefs regarding change and readiness for change, the quality of the relationship between the worker and the family, the potential for collaboration and barriers to change which will have to be managed.

Agencies may use this narrative section to discuss any other pertinent information, including additional analyses that the agency might conduct as part of the family assessment and engagement process.

# ASSESSMENT OF FAMILY

**Case Name:** _____ **Worker:** _____ **Date:** _____

*[Conduct Safety Assessment and assure outcomes selected here address changeable safety threats.]*

## A. FUNCTIONING, SUPPORTS, STRESSORS, HISTORY

## I. DOMAIN: CHILDREN'S SITUATION AND GENERAL FUNCTIONING

**1. Child's Level of Need and Demands on Parents Related to Age, Temperament and Development.**
*Criteria: The level of demand that the child care responsibilities place on the parents/caregivers, based on the children's functioning and needs, the number of children and how the parents/caregivers experience the level of demand.*

___ Low Demands on Family ___ Moderate Demands on Family ___ Significant Demands on Family

2. **Child Self-Protective Capacities and Access to Support Systems**
*Criteria: The degree to which the child can protect him or herself, can communicate with others and can access support systems.*

**Child:** _____

___ Low Vulnerability/  ___ Moderate Vulnerability &  ___ High Vulnerability/
High Capacity  Capacity  Low Capacity

**General Desired Outcome:**
___ **Child can take action and access support systems to protect self.**
___ **Other self-protection outcome:** _____
___ **NA**

*Repeat as needed*

**3. Impact of Maltreatment on the Health and Development of the Child**
*Criteria: The degree to which the maltreatment has impacted the health and development of the child and the current functioning of the child. The level of maltreatment the child has been subjected to and the implications this has for the child's treatment needs.*

**Child:** _____

___ Low/No Impact/Age  ___ Moderate Impact/Problems in  ___ Significant
Appropriate Functioning  Functioning  Impact/Problems in Functioning

**General Desired Outcome:**
___ **Child demonstrates age-appropriate physical, emotional, social and cognitive development.**
___ **Other child functioning outcome:** _____
___ **NA**

*Repeat as needed*

**Description:**

[empty box]

## II.  DOMAIN:  PARENTING PRACTICES

### 1.  Discipline

*Criteria:  The degree to which the parent/caregiver develops strategies to set and enforce limits, manage child's behavior, protect child, educate and guide child's behavior and encourage development of self-control*.

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

**General Desired Outcome:**
___ **Parent provides age/developmentally appropriate guidance, limits and oversight to manage child's behavior and encourage appropriate child behavior.**
___ **Other child discipline outcome:** _____
___ **NA**

*Repeat as needed*

### 2.  Basic Needs/Supervision

*2.a.  Criteria:  The degree to which the parent/caregiver meets the child's needs for food/nutrition, hygiene, health, shelter and education.*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

**General Desired Outcome:**
___ **Parent assures child's need for nutrition, health, shelter and education are met.**
___ **Other basic needs outcome:** _____
___ **NA**

*Repeat as Needed*

*2.b.  Criteria:  The degree to which the parent/caregiver supervises the child's activities to prevent harm.*

**Parent:** _____

___ Functioning Supports a Safe and Stable Family

___ Moderate Problems in Functioning/Periods of Successful Functioning

___ Significant Problems in Functioning

**General Desired Outcome:**
___  **Parent assures child is supervised adequately to prevent harm.**
___  **Other supervision outcome:** _____
___  **NA**

*Repeat as needed*


**3.       Perception and Expectation of Child's Behavior**
*Criteria:  The degree to which the parent/caregiver sets age and developmentally appropriate standards and expectations for child's behavior and responds to child consistent with those standards.*

**Parent:** _____

___ Functioning/Perception Supports a Safe and Stable Family

___ Moderate Problems in Functioning/Periods of Successful Functioning/Perception

___ Significant Problems in Functioning/Perception

**General Desired Outcome:**
___ **Parent sets age and developmentally appropriate standards and expectations for child's behavior.**
___  **Other parenting knowledge outcome:** _____
___  **NA**

*Repeat as needed*


**4.       Nurturing and Child Development**
*Criteria:  The degree to which the parent/caregiver is attached to child and meets child's need for attachment, encourages child's development and meets child's developmental needs.*

**Parent:** _____

___ Functioning Supports a Safe and Stable Family

___ Moderate Problems in Functioning/Periods of Successful Functioning

___ Significant Problems in Functioning

**General Desired Outcome:**
___  **Parent is attached to child and meets child's needs for attachment, encourages child's development and meets child's developmental needs.**
___  **Other attachment outcome:** _____
___  **NA**

*Repeat as needed*

**5. CPS History**
*Criteria: Family's previous involvement in the child protective services system and the implications this has for prognosis, strategies for engagement and treatment planning.*

   \_\_\_ Low Risk          \_\_\_ Moderate Risk         \_\_\_ High Risk

**Description:**

<br><br><br><br><br><br><br><br><br><br>

### III. DOMAIN: PARENT/ADULT CAREGIVER INDIVIDUAL FUNCTIONING

**1. Parent/Caregiver Acceptance of Responsibility to Protect**
*Criteria: The degree to which the parent/caregiver acknowledges maltreatment, risk and safety concerns, accepts responsibility and is willing to protect and desires to change behaviors that impact the care and safety of the child(ren).*

**Parent:** _____

   \_\_\_ Functioning Supports a Safe      \_\_\_ Moderate Problems in      \_\_\_ Significant Problems in
      and Stable Family      Functioning/Periods of Successful        Functioning
                                Functioning

**General Desired Outcome:**
\_\_\_ **Parent acknowledges maltreatment, risk and safety concerns and accepts responsibility to protect.**
\_\_\_ **Other protective outcome:** _____
\_\_\_ **NA**

*Repeat as needed*

**2. Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child(ren)**

*2.a. Criteria: The degree to which the parent/caregiver manages own mental health and use of substances, regulates own behaviors and manages emotions that impact the care and safety of the child.*

**Parent:** _____

   \_\_\_ Functioning Supports a Safe      \_\_\_ Moderate Problems in      \_\_\_ Significant Problems in
      and Stable Family      Functioning/Periods of Successful        Functioning
                                Functioning

**General Desired Outcome:**
___ **Parent manages mental health and/or use of substances, regulates own behavior and manages emotions.**
___ **Other self control outcome:** _____
___ **NA**

*Repeat as needed*


*2.b. Criteria: The degree to which the parent/caregiver demonstrates basic life skills and manages the impact of disabilities that interfere with the provision of care and safety for the child.*

**Parent:** _____

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
    Functioning

**General Desired Outcome:**
___ **Parent demonstrates basic life skills.**
___ **Other life skills outcome:** _____
___ **NA**

*Repeat as needed*


**3.**     **Parent/Caregiver Ability to Manage Stress, Solve Problems and Capacity to Establish and Sustain Interpersonal Relationships**

*3.a. Criteria: The degree to which the parent/caregiver demonstrates coping skills, manages stress and solves problems effectively.*

**Parent:** _____

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
    Functioning

**General Desired Outcome:**
___ **Parent demonstrates coping skills, manages stress and solves problems effectively.**
___ **Other problem solving outcome:** _____
___ **NA**

*Repeat as needed*


*3.b. Criteria: The degree to which the parent/caregiver develops and sustains adult relationships.*

**Parent:** _____

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
    Functioning

**General Desired Outcome:**
___ **Parent develops and sustains interpersonal relationships.**
___ **Other interpersonal skills outcome:** _____
___ **NA**

*Repeat as needed*

**4.      Parent/Caregiver History of Maltreatment as Child**
*Criteria:  Parent/Caregiver's history of childhood experiences, including attachment and bonding, care and protection received and trauma and the extent to which any effects of a negative child history impact current functioning.*

**Parent:** _____

___ Functioning Supports a Safe and Stable Family     ___ Moderate Problems in Functioning/Periods of Successful Functioning     ___ Significant Problems in Functioning

*Repeat as needed*

**Description:**

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**IV.      DOMAIN:  FAMILY FUNCTIONING**

**1.      Family Relationships**
*Criteria:  The degree to which family relationships are stable and mutually supportive and exhibit a sense of cohesion among members.*

___ Functioning Supports a Safe and Stable Family     ___ Moderate Problems in Functioning/Periods of Successful Functioning     ___ Significant Problems in Functioning

**General Desired Outcome:**
___ **Family relationships are stable and mutually supportive.**
___ **Other family relationships outcome:** _____
___ **NA**

**2.      Family Management and Organization**
*Criteria:  The degree to which the family manages household functions and financial resources and demonstrates effective coping and problem-solving skills.*

___ Functioning Supports a Safe and Stable Family          ___ Moderate Problems in Functioning/Periods of Successful Functioning          ___ Significant Problems in Functioning

**General Desired Outcome:**
___      **Family manages household functions and financial resources and demonstrates effective coping and problem-solving skills.**
___      **Other family functioning outcome: _____**
___      **NA**


**3.      Family Supports**
*Criteria:  The degree to which family support systems encourage safe and stable family functioning and assist in meeting family needs and providing for the children's health, safety and welfare.*

___ Functioning Supports a Safe and Stable Family          ___ Moderate Problems in Functioning/Periods of Successful Functioning          ___ Significant Problems in Functioning

**General Desired Outcome:**
___      **Family support systems assist in meeting family needs and providing for the children's health, safety and welfare.**
___      **Other support system outcome: _____**
___      **NA**


**Description:**

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**V.      DOMAIN:  ENVIRONMENTAL FACTORS**

**1.      Safe Neighborhood Environment**
*Criteria: The degree to which the neighborhood is safe and non-threatening for family members.*

**2.      Community Resources**
*Criteria:  The degree to which the community has formal and informal resources to meet the family's needs.*

**Discuss the impact these conditions have on the family, whether the family realistically has any influence or control over these conditions and implications for treatment planning.**

<br><br><br><br><br><br><br><br><br><br>

## B.  ANALYSIS

**Narrative: Discuss strengths of family, family's understanding of their strengths and needs, involvement of family in case planning and resource building, parent's attitudes/beliefs regarding change and readiness for change, quality of the relationship between worker and family, the potential for collaboration and barriers to change which will have to be managed, and other pertinent information.**

<br><br><br><br><br><br><br><br><br><br><br><br><br>

_____  _____
Worker                Date

_____  _____
Supervisor               Date

# CASE PLAN

## GENERAL INSTRUCTIONS

The case plan form should be completed upon completion of the Family Assessment. The case planning process actually takes place as part of and grows out of the family assessment process. General outcomes for the family, associated with specific family members, were selected as part of the family assessment.

The purposes of this form are:
- to document a specific plan for achieving the outcomes identified through the family assessment process, linking measurable, behavioral goals, services that will help achieve the goals, providers for the services, and beginning and end dates for the goals
- to document how all parties will know if the goals have been achieved
- to document family responsibilities and responsibilities and tasks of the agency and other providers needed to implement the case plan

To the greatest extent possible, the case plan should reflect joint planning by the worker and family and represent agreement among the parties as to how to achieve the identified outcomes.

Often, only a portion of the outcomes identified during family assessment will be worked on at any given time. Prioritization of outcomes and goals should be done according to the Standards, agency policy and family need. Agencies may use the case plan format to reflect this prioritization in one of two ways. One comprehensive case plan may be developed, with goals identified for all outcomes and projected beginning dates that allow for sequencing of goals throughout the treatment process. Agencies may also choose to develop case plans that reflect only what will be worked on by the family in the time period preceding the next case evaluation.

The elements have a dynamic quality. Working on achieving the outcome in one element may result in achieving the outcome in another element. Workers may use this dynamic quality to select only one of the two or more related outcomes to work on with the family, with the intent that the outcomes in the other elements, either in the same or other domains, will also be achieved as a by-product of those efforts.

This inter-related quality of the elements also supports agencies in intervening with families according to their preferred theoretical framework and professional protocols. For example, a parent with an AODA problem that results in a young child being left without supervision may be approached from the point of view of solving the lack of supervision (Domain II, Element 2), managing the AODA issues (Domain III, Element 2) or building self-esteem (also Domain III, Element 2). Accomplishing any of the three outcomes through goals and services should effect achievement, or at least improvement, in the other outcomes.

Case plans are modified based on information from case progress evaluations and other assessments, events or new information that may occur during the ongoing case process.

**SPECIFIC INSTRUCTIONS**

**Part I: Plan**

**Individual Outcomes and Specific Goals**

**Participant**:  Enter the name of a person from the family for whom an outcome was identified at the family assessment.  If the outcome is a family outcome, enter "family".

**General Desired Outcome**:  Enter an outcome that was identified for this person or the family during the family assessment and engagement process.  This may be an outcome that will be worked on during the service period immediately following or an outcome that will be worked on later in the case process.

**Beginning Date:**  Enter the date or month and year that work on the outcome begins.

**Estimated Completion Date:**  Enter the month and year when it is expected that the outcome will be achieved.

**Specific Goal:**  Enter a measurable, behavioral goal which, if achieved, will move the participant closer to reaching the outcome.  The Wisconsin Model has no standardized goals.  Agencies may choose to develop standardized goals that fit within the standardized outcomes or to have staff develop their own specific goals with family members.  The format allows for two goals to be worked on to achieve an outcome, but theoretically, more than two could be worked on simultaneously.  If more than two goals for one person and outcome need to be documented, the process of entering person, outcome, goals, service, providers etc. should be repeated.

**Beginning Date**:  Enter the date that work towards the goal begins.

**End Date**:  At the time the plan is developed, agencies may enter a date, when it is expected the goal will be achieved or use this space later to document the date the goal was actually achieved.

**Service:**  Enter a service that will be provided to assist the participant to achieve the goal, e.g. individual counseling, family counseling, parenting training, in-patient AODA treatment, etc.  If more than one service is being provided to achieve the goal, the process of entering goal, service, providers etc. should be repeated.

**Provider:**  Enter the agency or person(s) who will provide the service.

**Frequency:**  Enter how often the service will be delivered, e.g. weekly, twice-monthly, three times a week, etc.

**How Goal Achievement Progress Will Be Measured:**  Describe how the family, the worker and other providers will know that the goal has been achieved, e.g. reports from the family, reports from the provider, observations by the worker, journal entries by family member, observation by school teacher, etc.  Agencies and workers may also be more specific regarding measurement of goal achievement, such as by describing behaviors and conditions that they will be able to observe, etc.

Repeat the above process for each person and outcome until the plan is completed.

## Part II:  Summary

Part II consists of three narrative fields.

**Worker/Provider Tasks/Responsibilities**
Discuss the case management or other tasks that will be completed to support goal achievement, e.g. transportation, making appointments, child care, keeping appointments, etc.

**Family Responsibilities**
Discuss what responsibilities the family has accepted to support goal achievement, e.g. assuring the child participates in services, as appropriate; keeping appointments, making or changing appointments, etc.

**Comments**
As the Comments narrative introduction states, in addition to any summary comments the worker wishes to document, the narrative must include a description of the family's involvement in developing the case plan and understanding of and response to the case plan.  The agency may wish to routinely document additional pertinent information in this section.

**Signatures**
This section allows for family signatures and dates as well as worker and supervisor signatures and dates.  Supervisory approval of case plans is required by the Standards.

# CASE PLAN

**Case Name:** _____          **Date:** _____

**Worker Name:** _____

**PART I – PLAN**

**Individual Outcomes and Specific Goals:**

**Participant:**_____

**General Desired
Outcome:**_____

**Beginning Date:** _____          **Estimated Completion Date:**_____

**Specific Goal:**_____

_____          **Beginning Date:**_____          **End Date:**_____

**Service:**_____          **Provider:**_____

**Frequency:**_____

**How Goal Achievement/Progress will be Measured:** _____

_____

**Specific Goal:**_____

_____          **Beginning Date:**_____          **End Date:**_____

**Service:**_____           **Provider:**_____

**Frequency:**_____

**How Goal Achievement/Progress will be Measured:** _____

_____

*Repeat as needed*

**PART II: SUMMARY**

**Worker/Provider Tasks/Responsibilities:**

```
```

**Family Responsibilities:**

```
```

**Comments, including family involvement in, understanding of and response to the case plan:**

```
```

Family Signatures: _____ Date:_____

_____ Date:_____

_____ Date:_____

Worker Signature: _____ Date:_____

Supervisor Signature: _____ Date:_____

**CASE PROGRESS EVALUATION**

## GENERAL INSTRUCTIONS

The Case Progress Evaluation form is completed at specific intervals during service provision, but must be documented at least as frequently as required by the Standards. The case progress evaluation should document judgments on all outcomes and goals that were worked on during any point since the establishment of the case plan being evaluated. Goals and outcomes may be achieved at any time between the establishment of the case plan and the formal case progress evaluation. In these circumstances, case notes should provide timely documentation that a goal or outcome has been achieved, pending completion of the formal case progress evaluation.

The purposes of the case progress evaluation form are:
- to document measurement of progress toward achieving goals and outcomes
- to document the review of the appropriateness of goals and the effectiveness of services and providers
- to document the review of progress toward reducing the risk of maltreatment and establishing a safe environment
- to assess and document whether case direction needs to change or continue as originally planned
- if a child is in out-of-home care, to evaluate, with the assistance of the safety assessment, whether conditions have changed sufficiently to support reunification of the child

To the greatest extent possible, judgments about progress toward outcomes and goals should be made with the family and with other providers. Judgments about the effectiveness and appropriateness of services and providers should also be made with the family and providers.

It is possible that achieving an outcome specific to one element will result in achieving an outcome in another related element, in the same or in other domains. For example, knowledge and skills that a parent learns to address one outcome may spill over, enabling them to achieve another outcome without that outcome being included in a case plan with accompanying goals, services and providers. If this occurs, the worker should enter and identify the outcome as having been achieved and explain in the first narrative section the behaviors that are present that support this conclusion. More specific information may be included in case notes. (The Wisconsin automated child welfare information system may document these situations differently.)

## SPECIFIC INSTRUCTIONS

### Part I: Progress on Outcomes and Goals

**Participant:** Enter the name of the family member whose progress toward an outcome is being evaluated.

**General Desired Outcome:** Enter the outcome about which the progress is being evaluated.

**Status of Outcome:** Make a judgment as to the status of the outcome, using the same continuum that was used at Family Assessment. The anchors on the continua represent significant degrees of movement. Change can have occurred but not be a large enough step to move a person from one

anchor to the next on the relevant continuum. Generally, a person or family should not be judged as having moved to an anchor which represents more positive functioning or conditions unless they actually function at that level. Progress which has been made but has not been sufficient to move the person/family to the next level of functioning may be discussed in the narrative section.

**Specific Goal:** Enter all of the goals that were worked on in order to reach the outcome just entered. Then make a judgment about whether each goal has been achieved or whether sufficient progress or insufficient progress toward the goal has been made. These are generally subjective judgments. There are no anchors against which to measure the change. Definitions for the ratings follow.

*Achieved*: The condition or behavior described in the goal has been achieved and is being demonstrated by the family member or family.

*Sufficient Progress*: The family member or family demonstrates the behavior or condition described in the goal some of the time or at a greater frequency than they demonstrated when the goal was established. The increased frequency in the positive behaviors, considering the amount of time lapsed, limitations of the family member, stresses or other barriers, represents real movement toward achieving the goal.

*Insufficient Progress*: The family member or family does not demonstrate the behaviors or conditions described in the goal or the behaviors or conditions are demonstrated so sporadically or marginally so as to not represent movement toward achieving the goal.

The above process should be repeated for each outcome that was worked on during the period being evaluated.

**Narrative Sections**

There are two narrative sections in Part I.

First Narrative Field
In the first narrative field, document the information that provides the basis for all of the judgments made above on progress toward reaching outcomes and achieving goals. This information should be specific to the family and various family members and sufficient to support the judgments made. In addition, describe the effectiveness and appropriateness of services and providers. Consider whether services and providers have proven to be a good match for the family or family member, in terms of gender, culture, accessibility, etc. as well as being a good match for the goal. Also describe any barriers to service provision. This can include lack of services that are accessible, appropriate to culture or gender, etc., lack of supportive resources, etc.

Finally, discuss the extent to which the amount of progress made toward outcomes and goals has impacted the risk of maltreatment and the establishment of a safe environment. This discussion should be sufficient to support the link between the behaviors and conditions demonstrated and risk and safety. Risk reduction is linked to the achievement of outcomes. Behaviors and conditions that contribute to the risk of maltreatment are identified and explored during the family assessment. The outcomes selected are a description of the positive functioning and conditions that represent safety, stability and general well-being for children, on the same continuum of conditions and behaviors that contributed to the risk of maltreatment. Therefore, achievement of the outcome indicates that risk, in that area, has been sufficiently reduced.

<u>Second Narrative Field</u>
The second narrative field has the following instructions: "Describe family understanding of need for CPS, motivation for change, level of family/worker partnership and the extent to which a positive support network is present and is being used."  Family members may have different levels of understanding of the need for CPS and different levels of motivation and partnership with the worker. This should be described.  Also, a family member may be motivated in one area but not another, or at a different stage of change in the various areas where change is needed.  This should also be described. Finally, the status of the family's positive support network should be discussed.  Do they have a sufficient positive support network or has progress been made toward establishing one?  Are they using their support network to manage stress and meet the children's and family's needs?

## PART II

**Safety Assessment completed:**  Check whether the safety assessment has been completed and an in-home safety plan, if needed.

**Case Planning**:  Check all appropriate boxes.

**Case Management Plan:**  In this narrative field, discuss strategies to deal with relapse that may have occurred, revisions in the case plan that will be made, based upon the case progress evaluation and, if case closure is indicated, the plan for disengaging services.  If the case progress evaluation and the safety assessment together indicate that a child in out-of-home care may be reunified, describe the plan for reintegrating the child in the family and community.  The reintegration plan should describe the steps that will be taken to assure as smooth and safe a transition as possible.  If an in-home safety plan will be put in place as part of reunification, that should be referenced here but need not be repeated. Safety Plans should be documented on the safety plan form.

**Revised Case Plan completed:**  Check this if appropriate.  Revisions to the case plan must be documented on a new Case Plan form.

**Case Closing:  Final Safety Assessment completed:**  Check this box if the case is being closed and the safety assessment has been completed.  A final assessment of safety is required prior to case closure.

# CASE PROGRESS EVALUATION

Case Name: _____    Case Number: _____    Date: _____

Worker Name: _____

## Part I:  Progress on Outcomes and Goals

**Participant:** _____    **General Desired Outcome** _____

**Status of Outcome:**

| ___ **Functioning Supports a Safe and Stable Family** | ___ **Moderate Problems in Functioning** | ___ **Significant Problems in Functioning** |

**Specific Goal:** _____
_____ **Achieved**       _____ **Sufficient Progress**       _____ **Insufficient Progress**

**Specific Goal:** _____
_____ **Achieved**       _____ **Sufficient Progress**       _____ **Insufficient Progress**

**Specific Goal:** _____
_____ **Achieved**       _____ **Sufficient Progress**       _____ **Insufficient Progress**

*Repeat as needed.*

**Describe:  Family progress toward outcome/goals and the effectiveness and appropriateness of services and providers and any barriers to service provision.  The impact of family progress on the establishment of a safe environment and the risk of maltreatment.**

**Describe:  Family understanding of need for CPS, motivation for change, level of family/worker partnership and the extent to which a positive support network is present and is being used:**

---

**Part II:**

☐      **Safety Assessment completed.**

☐      **In-Home Safety Plan completed as needed.**

**Case Planning:**

☐      **Evaluation indicates case plan should continue.**

☐      **Evaluation indicates case plan should be revised (outcomes, goals, services providers or timeframes).**

☐      **Evaluation indicates Permanency Goal should be revised.**

☐      **Evaluation indicates visitation plan should be revised.**

☐      **Evaluation indicates case closure is appropriate.**

**Case Management Plan, addressing relapse strategies, revisions of case plan or plan for disengaging services.  If child is ready to return home from placement, describe the plan for reintegrating the child into the family/community.**

---

☐      **Revised Case Plan will be completed**

☐      **Case Closing:  Final Safety Assessment completed**

_____          _____
                **Worker**                                                                    **Date**

_____          _____
                **Supervisor**                                                            **Date**

**FINAL FAMILY ASSESSMENT
AND CASE CLOSURE**


**GENERAL INSTRUCTIONS**

This form is completed when the decision has been made, based on the previous case progress evaluation and the safety assessment, that the children are safe, safety can and will be maintained without agency involvement and outcomes have been reached or that sufficient protective capacities and supports have been developed to mitigate potential negative effects on children of behaviors or conditions that are still present. It also may be completed when the family has moved, has refused further intervention and no legal grounds exist for court involvement or when other circumstances arise that make it impossible for the agency to provide services.

The purposes of this form are:
• to document the current functioning and conditions of the family relative to the changeable elements studied at Family Assessment
• to document the reasons for case closure
• to document the case closure process and referrals to community resources, when appropriate.

There are two sections. The first section provides for a final rating to be made on all elements that represent changeable behaviors, conditions, perceptions, attitudes and beliefs. The Reference Guide, which is used at Family Assessment and Case Progress Evaluation, is also used here to assist in making the judgments. Only four domains are assessed at closure. The fifth domain, Environmental Factors, is not assessed. The second section documents the closing reason and provides a narrative field to document the closing process.

Some of the criteria are somewhat different from the criteria for the same element at Family Assessment and Case Progress Evaluation. This is because the purpose of the final family assessment is to assess current functioning and conditions without consideration of past circumstances.

In addition, changes in one element might be primarily brought about by changes in another element. Wording in the criteria reflects this. For example, changes in the element *Parent's/Caregiver's History of Maltreatment as a Child,* which assesses the impact of past maltreatment on the parent's functioning, are brought about by changes in other elements in the Domain *Parent/Adult Caregiver Individual Functioning* and in the Domain *Parenting Practices*.

Selecting a Rating from the Continuum
The majority of elements cover several related aspects of behaviors, perceptions or conditions. A person may be functioning well in one aspect, at or above the level of the positive anchor, and be functioning below the positive level in another aspect. Yet only one rating on the continuum for that element is possible. The worker should consider what is most salient about the person or family in making a judgment on that element. Any time a person falls below the positive level of functioning in any aspect of the element related to safety, the element should be rated according to the person's level of functioning for that aspect.

Who Should be Assessed and Rated
For elements that apply to individual children, a separate judgment needs to be made for each child. For elements that apply to parents, a separate judgment needs to be made for each person in the

parenting role. Judgments are to be made for adults that are viewed by other family members as acting as parents, regardless of any legal or biological ties to the child. For elements that apply to families, judgments are made once, for the family as a unit.

When a Case May be Closed
Ideally, a case is closed when a family can be rated at the Safe and Stable level in all elements. However, a case may be considered successfully closed as long as functioning or conditions that are rated below the Safe and Stable level are controlled or mitigated by other positive conditions and functioning. A strong family support network may compensate for deficits in a parent or one parent may compensate for deficits in another. Mitigating conditions should be described in the narrative section.

## SPECIFIC INSTRUCTIONS

## Part I: Final Family Assessment

Each changeable element with its descriptive criteria is listed, organized according to domains, as in the original Family Assessment. The ratings from the anchors of the continuum of that element are also listed. A judgment should be made for the person or family, as appropriate. There is no explanatory narrative section. Narrative that supports the judgments entered here should be documented in previous case progress evaluations and case notes.

## Domain I: Children Situation and General Functioning

## 1. Child's Level of Need and Demands on Parents Related to Age, Temperament and Development.

The criteria have been changed very slightly. Rather than asking, as part of the criteria, how the parents experience the level of demand, the criterion at case closing asks for the parents' current capacities to handle the demand. The idea is that through services directed toward appropriate outcomes, the parent's ability to handle stress, knowledge and skill in handling child behavior and access to a supportive network, etc., would have increased, thereby increasing the parent's capacity to handle the demands of child care. If a parent has limited capacity to handle the demands, in spite of services, it would be important to assure, as part of the case closure process, that another family member or a support system linked to the family can mitigate that risk to the children.

The continuum ratings choices are unchanged from Family Assessment and Case Progress Evaluation and are:
- Low Demands on Family
- Moderate Demands on Family
- Significant Demands on Family

One rating is done for the family.

## 2. Child's Self-Protective Capacities and Access to Support Systems

The criteria are unchanged from Family Assessment and Case Progress Evaluation. As in the original Family Assessment, it is a given that very young children are very vulnerable and unable to protect themselves. This is not to be interpreted as a negative statement of the family.

The continuum ratings choices are unchanged from Family Assessment and Case Progress Evaluation and are:
- Low Vulnerability/High Capacity
- Moderate Vulnerability & Capacity
- High Vulnerability/Low Capacity

A rating is done for each child.

**3. Impact of Maltreatment on the Health and Development of the Child.**

The criteria for this element are changed from Family Assessment and Case Progress Evaluation. The criteria at case closing are the current functioning and current general health status of the child. At this point in the case process, whether and how past maltreatment may have affected the child is no longer a concern. What is the child's current functioning? If the child had social, emotional or behavioral problems assessed at the original family assessment (behaviors or emotions that were not developmentally or age appropriate), has the child learned to control his or her behavior or learned social skills? If the child had developmental lags, to what extent has the child made recoveries in those delays, consistent with the child's potential? If the child' previous health status, at the original family assessment, was compromised, jeopardized or fragile, is the child's current health status stable?

It is also possible that a child's functioning or health has not improved significantly or, even when previously age-appropriate or stable, has deteriorated, regardless of appropriate parenting and functioning by the parents. If this is the case at closure, it would be important to assure that the family is linked to appropriate resources to assist them to deal with the child's condition as part of the case closure process.

The continuum ratings choices are somewhat changed from Family Assessment and Case Progress Evaluation and are:
- Age-Appropriate Functioning/Stable Health
- Moderate Problems in Functioning/Health
- Significant Problems in Functioning/Health

A rating is done for each child.

**Domain II: Parenting Practices**

**1. Discipline**

The criteria are unchanged from Family Assessment and Case Progress Evaluation.

The continuum ratings choices are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

A rating is done for each person in the parent role.

## 2. Basic Needs/Supervision

A separate rating is done for Basic Needs and for Supervision. The criteria are unchanged from Family Assessment and Case Progress Evaluation for both parts of this element.

The continuum ratings choices for both are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Ratings are done for each person in the parent role.

## 3. Perception and Expectation of Child's Behavior

The criteria are unchanged from Family Assessment and Case Progress Evaluation.

The continuum ratings choices are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

A rating is done for each person in the parent role.

## 4. Nurturing and Child Development

The criteria are unchanged from Family Assessment and Case Progress Evaluation.

The continuum ratings choices are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

A rating is done for each person in the parent role.


## Domain III: Parent/Adult Caregiver Individual Functioning

## 1. Parent/Caregiver Acceptance of Responsibility to Protect

The criteria are slightly changed from Family Assessment and Case Progress Evaluation. Whether the parent "desires to change behaviors that impact care and safety of the children" is an issue only at Family Assessment and, to a certain extent, Case Progress Evaluation. Behavior change in this regard should have occurred as a result of service provision. At closure, the issue is whether the parent demonstrates a willingness to protect the children, now and in the future.

The continuum ratings choices are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

A rating is done for each person in the parent role.

## 2. Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child(ren)

This element has two assessment areas, each with its own criteria. The criteria are unchanged from Family Assessment and Case Progress Evaluation for both areas of this element. A separate rating is done for each.

The continuum ratings choices for both are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Ratings are done for each person in the parent role.

## 3. Parent/Caregiver Ability to Manage Stress, Solve Problems and Capacity to Establish and Sustain Interpersonal Relationships

This element has two assessment areas, each with its own criteria. The criteria are unchanged from Family Assessment and Case Progress Evaluation for both areas of this element. A separate rating is done for each.

The continuum ratings choices for both are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Ratings are done for each person in the parent role.

## 4. Parent/Caregiver History of Maltreatment as Child

The criteria for this element are the same at Case Closure as at Family Assessment and Case Progress Evaluation, but the emphasis here is different. At case closing, the emphasis is on how any negative experiences in childhood might be impacting the parent's current functioning. If this area was a problem at the time of Family Assessment, the provision of effective services has hopefully helped change the parent's perception of their history and of their capacities and has assisted the parent in overcoming the negative effects of their childhood. This area should be assessed according to the impact of the parent's childhood on their ability to parent adequately. A parent may still have some difficulty in other areas of their life, because of a problematic childhood. But if these difficulties do

not interfere with his or her demonstrated ability and commitment to fulfill the parent role, they should not be considered here.

The continuum ratings choices for both are unchanged from Family Assessment and Case Progress Evaluation and are:
- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

Ratings are done for each person in the parent role.

## Domain IV: Family Functioning

As in the original Family Assessment, assess the elements in this domain from a dynamic, interactive family systems perspective. Although there is some overlap with behaviors in other domains, similar behaviors/functioning in these criteria should be looked at in terms of how the family as a unit and family system functions and how this impacts the health, safety and welfare of the child(ren).

There are three specific elements in this domain. One judgment is made for the family as a unit in each element of this domain.

### 1. Family Relationships

The criteria are unchanged from Family Assessment and Case Progress Evaluation. The continuum ratings choices are also unchanged and are:

- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

### 2. Family Management and Organization

The criteria are unchanged from Family Assessment and Case Progress Evaluation. The continuum ratings choices are also unchanged and are:

- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

### 3. Family Supports

Various stages of the CPS case process ask that the worker pay attention to the development of an effective positive support network for the family and assist the family to use that network. Reasons for this include significant evidence that well-functioning family support networks reduce stress and mitigate the risk of maltreatment. This element allows the worker to document the status of the critical family support network.

The criteria are unchanged from Family Assessment and Case Progress Evaluation. The continuum ratings choices are also unchanged and are:

- Functioning Supports a Safe and Stable Family
- Moderate Problems in Functioning/Periods of Successful Functioning
- Significant Problems in Functioning

## Part II: Case Closure

**Closure Reason**

Select the closure reason that most closely describes why the case is being closed. Only one reason may be selected.

**Closure Summary**

Describe the following:
- The closure process with the family and service providers. How was the family prepared for the case closure?
- What is the plan for meeting future service needs of the family? If there were behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern, how will they be managed or sufficiently mitigated by other resources and supports?

# Final Family Assessment
# and Case Closure

Case Name: _____     Worker: _____     Date: _____

## Part I – Family Assessment

## I.    DOMAIN: CHILDREN'S SITUATION AND GENERAL FUNCTIONING

**1.  Child's Level of Need and Demands on Parents Related to Age, Temperament and Development**
*Criteria:  The parents'/caregivers' current capacities to handle the demand that the child care responsibilities place on them, based on the children's functioning and needs and the number of children.*

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

**2.  Child's Self-Protective Capacities and Access to Support Systems**
*Criteria:  The degree to which the child can protect him or herself, can communicate with others and can access support systems.*

**Child:** _____

___ Low Vulnerability/
High Capacity

___ Moderate Vulnerability &
Capacity

___ High Vulnerability/
Low Capacity

*Repeat as needed.*

**3.  Impact of Maltreatment on the Health and Development of the Child**
*Criteria:  The current functioning and health status of the child.*

**Child:** _____

___ Age-Appropriate
Functioning/Stable Health

___ Moderate Problems in
Functioning/Health

___ Significant Problems in
Functioning/Health

*Repeat as needed*

## II.    DOMAIN:  PARENTING PRACTICES

**1.  Discipline**
*Criteria:  The degree to which the parent/caregiver develops strategies to set and enforce limits, manage child's behavior, protect child, educate and guide child's behavior and encourage development of self-control.*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed.*

**2. Basic Needs/Supervision**

*2.a. Criteria: The degree to which the parent/caregiver meets the child's needs for food/nutrition, hygiene, health, shelter and education.*

**Parent:** _____

| ___ Functioning Supports a Safe and Stable Family | ___ Moderate Problems in Functioning/Periods of Successful Functioning | ___ Significant Problems in Functioning |
|---|---|---|

*Repeat as needed*

*2.b. Criteria: The degree to which the parent/caregiver supervises the child's activities to prevent harm.*

**Parent:** _____

| ___ Functioning Supports a Safe and Stable Family | ___ Moderate Problems in Functioning/Periods of Successful Functioning | ___ Significant Problems in Functioning |
|---|---|---|

*Repeat as needed*

**3. Perception and Expectation of Child's Behavior**
*Criteria: The degree to which the parent/caregiver sets age and developmentally appropriate standards and expectations for child's behavior and responds to child consistent with those standards.*

**Parent:** _____

| ___ Functioning Supports a Safe and Stable Family | ___ Moderate Problems in Functioning/Periods of Successful Functioning | ___ Significant Problems in Functioning |
|---|---|---|

*Repeat as needed*

**4. Nurturing and Child Development**
*Criteria: The degree to which the parent/caregiver is attached to child and meets child's need for attachment, encourages child's development and meets child's developmental needs.*

**Parent:** _____

| ___ Functioning Supports a Safe and Stable Family | ___ Moderate Problems in Functioning/Periods of Successful Functioning | ___ Significant Problems in Functioning |
|---|---|---|

*Repeat as needed*

**III.    DOMAIN: PARENT/ADULT CAREGIVER INDIVIDUAL FUNCTIONING**

**1. Parent/Caregiver Acceptance of Responsibility to Protect**
*Criteria: The degree to which the parent/caregiver acknowledges maltreatment, risk and safety concerns, accepts responsibility and is willing to protect the child(ren).*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed*


**2.  Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child(ren)**

*2.a.  Criteria:  The degree to which the parent/caregiver manages own mental health and use of substances, regulates own behaviors and manages emotions that impact the care and safety of the child.*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed*


*2.b.  Criteria: The degree to which the parent/caregiver demonstrates basic life skills and manages the impact of any disabilities that may interfere with the provision of care and safety for child.*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed*


**3.  Parent/Caregiver Ability to Manage Stress, Solve Problems and Capacity to Establish and Sustain Interpersonal Relationships**

*3.a.  Criteria:  The degree to which the parent/caregiver demonstrates coping skills, manages stress and solves problems effectively.*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed*


*3.b.  Criteria:  The degree to which the parent/caregiver develops and sustains adult relationships.*

**Parent:** _____

___ Functioning Supports a Safe
and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed*

**4. Parent/Caregiver History of Maltreatment as Child**
*Criteria: The extent to which any effects of a negative childhood history, if applicable, impact current functioning of the parent/caregiver.*

**Parent:** _____

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

*Repeat as needed*


**IV.    DOMAIN:  FAMILY FUNCTIONING**

**1. Family Relationships**
*Criteria: The degree to which family relationships are stable and mutually supportive and exhibit a sense of cohesion among members.*

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/ Periods of Successful
Functioning

___ Significant Problems in
Functioning


**2. Family Management and Organization**
*Criteria: The degree to which the family manages household functions and financial resources and demonstrates effective coping and problem-solving skills.*

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/ Periods of Successful
Functioning

___ Significant Problems in
Functioning


**3. Family Supports**
*Criteria: The degree to which family support systems encourage safe and stable family functioning and assist in meeting family needs.*

___ Functioning Supports a Safe
    and Stable Family

___ Moderate Problems in
Functioning/Periods of Successful
Functioning

___ Significant Problems in
Functioning

**Part II – Case Closure**

**Safety**

□      The final Safety Assessment has been completed.

**Closure Reasons   (Select One)**

□      The family has at a minimal level achieved desired outcomes, reached necessary goals and changed behavior so that risk no longer is a concern.  Safety may be maintained by the family or by community supports.

□      The family has made few or no changes, however the children can be protected by community supports.

□      The family has not changed but the child(ren) has a permanent safe living arrangement separate from the parents.

□      The family has not changed and remains a threat to safety and well being.  The termination of parental rights process has been completed, guardianship has been transferred to another agency and the child is in a safe licensed placement awaiting permanent placement or is already placed.

□      The family refused services and no legal grounds exist.

□      The client is deceased.

□      The family situation has changed without CPS intervention.

□      The family has moved.

□      The case has been transferred outside of agency.

□      Other _____.

**Closure Summary**: **Describe the closure process with the family and service providers and the family's plan for meeting future service needs.  Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.**

_____        _____
             **Worker Signature**                               **Date**

_____        _____
          **Supervisor Signature**                           **Date**

**FAMILY ASSESSMENT/EVALUATION OF PROGRESS**

**REFERENCE GUIDE**
**FOR MEASURING CHANGE ACROSS THE ELEMENTS**


**INSTRUCTIONS**


The Reference Guide primarily describes conditions, behaviors, perceptions, attitudes and beliefs that are associated with or may impact the occurrence of child maltreatment. The association may be conditions, behaviors, etc. which contribute to the risk of maltreatment or which mitigate or reduce the risk of maltreatment. Conditions, behaviors, perceptions, attitudes and beliefs also may be associated with threats to safety or may support a safe environment. Finally, the Reference Guide describes some conditions and behaviors that are related to permanence and child well-being.

The above conditions and behaviors, etc., are organized into 17 elements, which are further organized into five general domains:
- Children's Situation and General Functioning
- Parenting Practices
- Parent/Adult Caregiver Individual Functioning
- Family Functioning
- Environmental Factors

The Elements

The great majority of the elements reflect behaviors, perceptions, attitudes or conditions that are changeable and can be impacted through case plans. The Reference Guide is designed to support measuring change in these elements as part of the ongoing case process. A few elements are immutable, representing past circumstances that cannot be changed.

Some of the elements describe a fairly narrow range of behaviors, for example "*Discipline*". Others describe a broad range of behaviors, for example "*Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child*". Those elements that are particularly broad in scope have been divided in two for purposes of identifying behaviors and conditions and relevant outcomes at the family assessment and for measuring change at case progress evaluation, but that division is not reflected in the Reference Guide.

In addition to describing changeable risk-related conditions and behaviors, the elements were developed to capture those conditions, behaviors, perceptions, etc., that are behind immutable risk factors. For example, the young age of the parent is often identified as a risk factor. Yet it is not the age of a parent that creates the risk, but the behaviors and conditions associated with that age, for which the age becomes the common denominator. The parent's age cannot be changed through the treatment process, but the conditions and behaviors associated with young age can. The Reference Guide supports assessment of those conditions and behaviors. Is the particular young parent being assessed immature in his or her judgment, impulsive in his or her behavior? Does he or she find it difficult to delay gratification and put the needs of the children first? Or does he/she have an inadequate support system to help manage the stress and share problem-solving? Does he/she have

young children that place great demands on the parent's time and patience?  Or is it an issue of the parent lacking knowledge and skill to effectively respond to the child's needs?  The Reference Guide is designed to assist in a thorough assessment and support the development of a case plan targeted at reducing the risk of maltreatment, creating a safe environment and securing stability and permanence for a child.

There is an interactive quality to the elements.  Issues identified in one element may be addressed by intervention in another element.  For example, failure to provide adequate supervision of children (Domain II, Element 2 in the Reference Guide) may be due to lack of knowledge as to what young children need, immaturity, an alcohol or drug abuse problem, a mental health problem, impulsiveness, lack of resources or supports, etc. (Domain II, Element3; Domain III Element 2; Domain III, Element 3).  The worker can choose to approach the issue with the family from either perspective, depending on the family's needs, the worker's skills and the agency's theoretical framework.  Whether the immediate focus of the intervention is the lack of supervision or the AODA problem, for example, as long as there is an understanding of how the two behaviors are related, measurable improvement in both areas should be accomplished as a result of intervention in one area.

The Continuum

The 17 elements are defined by criteria that describe the conditions, behaviors, etc., being assessed and measured.  The criteria for the elements are further defined by descriptors, organized along a continuum.  The continuum is anchored in three places.  At one end it is anchored by behaviors, conditions and perceptions/beliefs/attitudes that are prevalent in day-to-day functioning and support a safe and stable family, in other words, safety and permanence for the child.  The other end of the continuum represents behaviors, conditions, perceptions and beliefs that are prevalent and are associated with high risk for maltreatment and/or impermanence.  The middle anchor on the continuum generally reflects behavior or conditions between the ends of the continuum or behavior or conditions that are intermittent, apparent at some times but not others.

The general layout of the continuum is:

| Functioning Supports a Safe and Stable Family | Moderate Problems in Functioning/ Periods of Successful Functioning | Significant Problems in Functioning |
| --- | --- | --- |

In four of the five domains, the continuum for each element has three anchors and is, for the majority of the changeable elements, laid out with the headings displayed immediately above.  In the fifth domain, Environmental Factors, which addresses neighborhood and community factors, the continuum is anchored in just two places, at each end.

The positive end of the continuum is not intended to represent ideal behavior or conditions.  Rather it is that level, representing adequate conditions to support safety and stability for children, that must be achieved in order for CPS to determine that it can disengage services.  [Note:  for other circumstances in which a case may be closed, see the chapter on case closure.]  For example, in the element *Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child*, the positive end of the continuum discussing substance abuse does not require abstinence. Rather, it allows that the parent might have a substance abuse problem but requires only that he or she "controls substance use to assure that the children receive adequate care".

Safety

Safety threats may be present at either the negative end or at the midpoint of the continuum. For example, a parent may frequently leave a young child unsupervised (negative end of continuum) or occasionally leave a young child unsupervised (midpoint of continuum), but the child is unsafe anytime he or she is without adequate supervision. Safety should be formally assessed concurrently with the Family Assessment, prior to reunification and prior to case closure. Safety should also be considered and documented at each case evaluation. Safety threats that represent behaviors or conditions that are changeable should be addressed in the treatment plan, in addition to being immediately controlled through the safety plan. Evaluating progress toward achieving a safe environment is done at case progress evaluation, both through assessing progress toward achieving outcomes and the safety evaluation. The safety threats are found in the Reference Guide to assist workers in considering whether a particular safety threat may be eliminated or mitigated through achievement of a particular outcome. If there are relevant safety threats for an element, they are listed in a fourth column, to the right of the continuum.
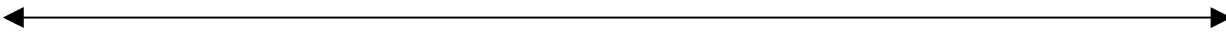
Safety threats are not a one-to-one match with elements or descriptors. Certain behaviors can be the result of different safety threats. For example, following the example given earlier, failure to provide adequate supervision of children may be due to lack of parenting knowledge, an inability to control behavior or another safety threat. All related safety threats are listed in association with that element (Domain II, Element 2) in the Reference Guide, but only one may be relevant for the particular family or family member. As discussed above, behaviors and conditions associated with the relevant safety threat may be addressed through a different element.

The Descriptors

The descriptors in the Reference Guide are not intended to be all-inclusive of conditions and functioning relevant to the criteria of the elements. The intent, rather, was to strike a reasonable balance between descriptors that are general enough to include variations in behavior yet specific enough to be illustrative of the various ways in which the criteria might be manifested at the anchors along the continuum. For example, a descriptor on the positive end of the continuum of one element states that the parent "Has a mental health condition that can interfere with parenting capacities, but manages his/her condition to assure that the children receive adequate physical and emotional care". This is sufficiently general to be adaptable to any form of mental or emotional illness. Yet the range of behaviors and conditions described in that element (*Parent/Caregiver Conditions, Behaviors, Capacities and Life Skills that Impact Parenting and Safety of Child*) provides greater specificity, including not only mental health, but substance abuse, cognitive and physical disabilities, anger management, impulsiveness, judgment, self-esteem, independence, empathy for others, time and financial management, etc. Workers should not expect to find a perfect match for all of the relevant behaviors, conditions, etc. that are present in a family, but should be able to find descriptors that are sufficiently similar to offer guidance for making judgments.

Descriptors are not intended to be used verbatim to describe family behaviors and conditions. Rather, they are a reference. In narrative discussions about a family, workers should describe the actual behaviors, conditions, perceptions, etc. that are apparent in the family.

The majority of the descriptors may be followed from one end of the continuum to the other, as in the following example:



| Functioning Supports a Safe and Stable Family | Moderate Problems in Functioning/ Periods of Successful Functioning | Significant Problems in Functioning |
|---|---|---|
| Parent demonstrates a sufficient level of independence and self esteem, appropriate to culture, to handle the day-today requirements of life. | Parent is sporadic in ability to act independently; behaviors reflect a somewhat negative or ambivalent self-concept. | Parent is entirely dependent on others to take care of daily decisions and needs; believes self to be incompetent, incapable and unworthy. |

Some descriptors, however, may be found only at one anchor.  For example, colic is addressed at only one anchor.  Levels of colicky behaviors are not traced along the continuum.

Some elements include descriptors that reference past, immutable conditions as well as current functioning or conditions that are changeable.  These can be somewhat difficult to assess.  The specific instructions for those elements for the relevant stage of the case process (Family Assessment, Final Family Assessment) give assistance in understanding how to think about and use the descriptors in assessing the criteria.

Using the Reference Guide Throughout the Ongoing Services Process

The Reference Guide is designed to be used at Family Assessment, at Case Progress Evaluation and at Case Closure.  At Family Assessment, it defines the areas of study, prompts assessment of behaviors and conditions contributing to risk and creating safety threats and anchors those behaviors and conditions on a continuum as the basis for determining where change is needed.  At Case Progress Evaluation, it is used to measure the extent to which change has occurred in the elements targeted for change in the Case Plan.  At Case Closure, it is used to provide a picture of where the family falls on the continuum for each of the changeable elements, regardless of whether they were addressed in case plans.

In the first four domains, the worker measures change over time, from family assessment through case closure, in those changeable elements where functioning or conditions fall below the safe and stable level.  The immutable elements are part of the Reference Guide to assist the worker and family in obtaining a total picture and may influence aspects of the case plan.  They will not be represented through goals or outcomes in the case plan, however, since they are, by definition, unchangeable.  In the fifth domain, the environmental influences are assessed at the beginning of the ongoing services process, at family assessment, to better understand the family's stresses, obstacles, strengths and resources, but change is not measured over time.